

EXHIBIT C

U.S. Life Insurance Claims
Claim Number 21812007270



Life insurance claim form

Use this form to submit your claim for a life insurance policy payment.

Things to know before you begin

- Each beneficiary submitting a claim must complete and sign a separate claim form. However, we only need one death certificate indicating the cause and manner of death.
- A signature is required for this claim to be processed.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.
- You may have to send us other documents with this claim. See the list in *Section 5: How to submit this form*.



A signature is required for this claim to be processed



Please correct and initial any errors on the form.

SECTION 1: About you

Tell us in what capacity you're making a claim (*check one*):

- ☒ Individual beneficiary or ☐ Representative of a trust, estate or Charity

Your relationship to the person who died (*check one*):

- ☒ Spouse/Partner ☐ Parent ☐ Child
☐ Trust/Estate/Charity ☐ Other (*please explain*) _____

Your name (*first, middle, last*) - Please print your name the way you want it to appear on your payment.

First

HELENA

Helena

Middle

Last

TSOUKALAS

Maiden or other names (*if applicable*)

Mailing address (*Street number and name, apartment or suite*)
Redacted

Phone number
Redacted -3140

City
CHICAGO

State
IL

ZIP code
Redacted

Date of birth (*mm/dd/yyyy*)
Redacted 1/982

Sex (*M/F*)
F

Social Security number
Redacted -8611

Country of Citizenship
C.S.

Only complete if making a claim on behalf of a Trust, Estate or Charity

Name of Trust/Estate/Charity

Date of Trust (*mm/dd/yyyy*)

Tax Identification Number (*For the Trust, Estate, or other Charity*)

☐ I consent to receive claim status e-mails and text messages as indicated below. Please see the enclosed *About Electronic Statusing* for more details.
Please tell us if you would like to receive claim statuses electronically
Cell phone number and/or Email address

Have you signed a document with a funeral home that authorizes us to make a payment directly to them?
This document is usually referred to as a funeral home assignment.

- ☒ No ☐ Yes - If yes, please send us a copy of the document with this claim form.

Claim Number 21812007270

Insured Employee/Member InformationFirst name
CHRISTMiddle name
TLast name
TSOUKALAS

Employer Name

City of Chicago

SECTION 2: About the deceased

Name (first, middle, last)

First
CHRISTMiddle
TLast
TSOUKALAS

Maiden or other names (if known, optional)

Residence address (Street number and name, apartment or suite)

Redacted

City

Chicago

State

IL

ZIP code

Redacted

Date of birth (mm/dd/yyyy)

Redacted

Date of death (mm/dd/yyyy)

12/12/2018

Social Security number

Marital status (check one)

☐ Single☒ Married☐ Divorced☐ Separated☐ Widow/widower**SECTION 3: Tell us how you want to receive your claim payment**

Check one:

- ☐ You'd like us to put your payment into a Total Control Account that we'll open for you.
- ☒ You'd like to receive a check for your payment.

- For more information about the Total Control Account, please read "About the Total Control Account."
- Keep in mind that once you receive a check you cannot get a Total Control Account.
- If your payment is less than \$5,000, or you are not a U.S. citizen or resident for tax purposes, we will automatically pay you by check.
- If you do not select a payment option, in most states you will receive a Total Control Account, unless MetLife is required by state law, rule or regulation to pay you by check.

Please remember to sign and date the form on next page



Claim Number 21812007270

Insured Employee/Member InformationFirst name
CHRISTMiddle name
TLast name
TSOUKALAS

Employer Name

City of Chicago

SECTION 4: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-SBEN (Individuals) or W-SBEN-E (entities).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 28% withholding with respect to taxable amounts.



Signature of person making the claim

Date signed (mm/dd/yyyy)

12/26/18

Some services in connection with your claim payment may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you.

Claim Number 21812007270

Insured Employee/Member InformationFirst name
CHRISTMiddle name
TLast name
TSOUKALAS

Employer Name

City of Chicago

SECTION 5: How to submit this form**5A. Check off the additional items you're sending with this claim form**

- ☒ **A death certificate.** We require a copy of the death certificate. The funeral director taking care of the funeral arrangements can usually provide a copy of the death certificate (*indicating the cause and manner of death*). We only require one death certificate – if you're aware of another claimant who's sending one, you don't have to send it.
- ☐ If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.
- ☐ If the beneficiary is the estate and you are a representative of an estate, a copy of the appointment papers issued by the courts.
- ☐ If the beneficiary is a trust and you are a trustee, a notarized statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.
- ☐ If you are submitting the claim as Power of Attorney for the beneficiary, a copy of the POA papers for the beneficiary must be provided.

5B. Submission instructions

Unless you have been advised of different instructions by the administrator/employer, return this signed claim form and the documents you've checked off above in the envelope included with this package, or mail/fax them to:

Mail:

Metropolitan Life Insurance Company
Group Life Claims
PO Box 6100
Scranton, PA 18505

Email:

Lifecclaimssubmit@metlife.com

Fax:

570-558-8645

! If faxing, please remember to fax both front and back sides of the signed claim form. Allow two (2) hours for documents to be received.

Please note: Most claims are reviewed within five (5) business days.

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-638-6420, then press 2. Our Customer Service Center is open Monday through Thursday, 8:00 AM to 8:00 PM EST, and Friday, 8:00 AM to 5:00 PM EST.

About Electronic Stating

MetLife provides electronic stating as a convenience to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving electronic statuses. By agreeing to the terms of this Agreement, you are consenting to receive claims statuses in one or more of the following ways:

1. When a change has been made to your claim, we will send you an email advising you that we have made such a change;

Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of claim statuses by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of claim status messages by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates.

We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Customer Service Department.